

Motivational Interviewing

Gilles Brideau, BA, MA

Exercise #1

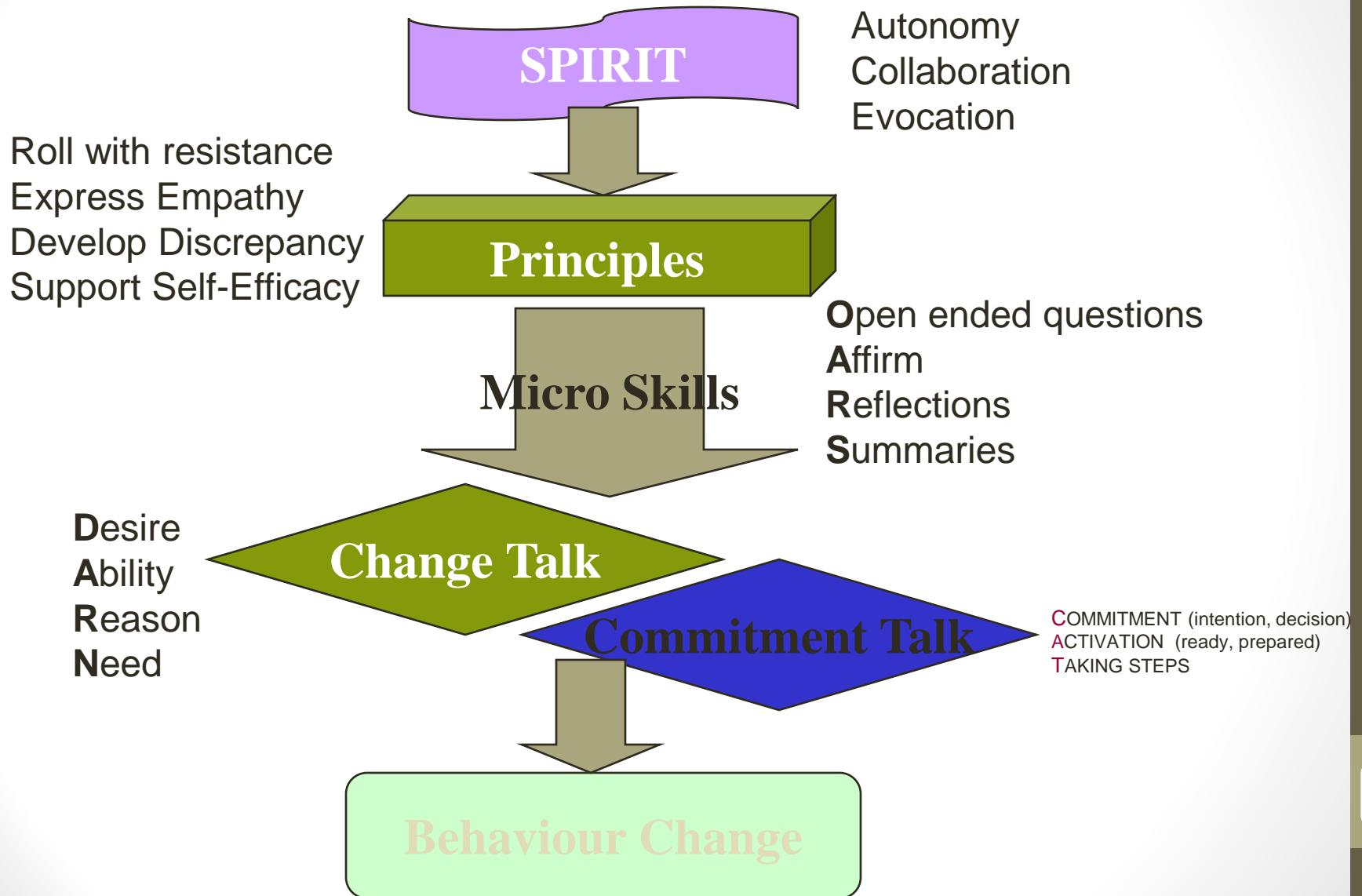
- Work with one other person
- General rule for all practice exercises: Don't be in the same group with your boss or supervisor
- Role play a client presenting for counselling. Think about a behaviour that you are thinking about making a change (could be flossing more often, quitting smoking, exercise, decluttering your house) and are somewhat resistant to change.

Exercise #1

Counselor: Find out a little about the client's problem, and then:

- Explain why the client *should* make this change
- Give at least three specific *benefits* that would result from making this change
- Tell the client *the right way* to make this change
- Emphasize how *important* it is for the client to make this change
- Tell the client to do it.

MI Overview



Exercise: Listening – part 1

* Pair up and decide who will speak and who will listen.

* For the next 3 minutes, the speaker acting as the client will talk about one of the following:

- What it was like growing up in my home
- Ways in which I have changed as a person over the years
- The good things and not so good things about my high school years
- What I hope and plan to do over the next ten years.
- Describe one of your parents, or someone else close to you.
- How I came to do the kind of work I am doing.

* The listener acting as the role of counsellor is to say nothing at all, not even uh-hum or uhmm or other vocal noises. Absolute silence. Instead the listener is to use nonverbal skills to communicate to the speaker that he or she is listening and understanding.

Early Motivational Strategies OARS

OPEN Questions

AFFIRM

REFLECT

SUMMARIZE

Exercise #2

Work in groups of 3

- ▶ One speaker and two counselors
- ▶ Counselor #1 will go first
- ▶ Counselor #2 – listen carefully but don't speak yet

Exercise 2: Speaker's Topic

- Something about yourself that you
 - want to change
 - need to change
 - should change
 - have been thinking about changing
but you haven't changed yet

i.e. – something you're ambivalent about

Exercise 2: Counsellor

- Listen carefully with a goal of understanding the dilemma
- Give no advice
- Ask these four open questions:
 - Why would you want to make this change?
 - How might you go about it, in order to succeed?
 - What are the three best reasons to do it?
 - On a scale from 0 to 10, how important would you say it is for you to make this change?
- Follow-up: And why are you at ___ and not zero?

“I learn what I believe as I hear myself speak”

- Goal is to have the client hear him - or herself say, “Something has to change!”
- Counsellor’s job is to organize the interview so that the client confronts him - or herself
- The client should convince the counsellor that there are problems to be addressed



Resources

- Miller, W. (1999). Toward a Theory of Motivational Interviewing. MINUET. 6(3), 2-4. Available: www.motivationalinterviewing.org

Reference List

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2. Martino, S. et al. (2002). Dual Diagnosis Motivational Interviewing: a modification of Motivational Interviewing for substance-abusing patients with psychotic disorders. *Journal of Substance Abuse Treatment* 23.297-308
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5. Sciacca, K. (1997). Removing barriers: dual diagnosis and motivational interviewing. *Professional Counselor* 12 (1), 41-46.
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Creating a Spirit of Change

Gilles Brideau, BA, MA
May 2014

But first a quick exercise...

“THE GAME”

Debrief from THE GAME

- How did you feel?
- What did you notice?
- Did you manage to get well? What were your outcomes?
- Any other comments or observations?
- My observations...
- Being in the room...
- Some challenging cards...

Examples...

1. Emoh ot og. Peels and emoh og.

2. *Go to detoa.*

3. Va voire un ami. Va à la pile AMI.

What is stigma ?

- A complex idea that involves attitudes, feelings and behaviour.
- Refers to the negative “mark” attached to people who possess any attribute, trait, or disorder that marks that person as different from “normal” people.
- This ‘difference’ is viewed as undesirable and shameful and can result in negative attitudes/responses (prejudice and discrimination) from those around the individual.

Society's most common, serious & neglected problems.

- 1 in 4 Canadians will experience addiction or mental illness during their lifetime (1/10 in a year).
- 2/3 who need care receive none
- affect more people than heart disease – more than cancer, arthritis & diabetes combined.
- Costs Canada \$32-billion a year,
- 14% of the net operating revenue of all Canadian Business (33% of short-term disability claims).
- 20% of Ontario children require help (only 4% currently receive help).

Effects of Stigma

- Stigma affects people with substance use and mental health problems in many ways, including:
- lack of access to medical care, housing, employment
- believing the negative stereotypes generated by society and the media (self-stigma)
- a tendency to avoid seeking help, and to keep symptoms and substance use a secret
- social isolation and/or a constricted social support network

Stigma...cont'

- depression, loss of hope for recovery, suicide.
- When people have difficulty in their lives because of co-occurring mental health and addiction problems, it is often hard for them to reach out for help because of the stigma, discrimination and prejudice associated with both of the problems.
- People may be worried that others will learn about their problems and react negatively, perhaps as family and friends have. This leads them to put a great deal of energy into keeping their problems a secret.

How You Can Help End Stigma

- Acknowledge the prevalence of co-occurring substance use and mental health problems.
- Imagine "walking in the shoes" of a person who faces stigma.
- Be aware of the labels that you use.
- Monitor media and speak out against stigmatizing material.
- Speak up about stigma to friends, family and colleagues.
- Be aware of your own attitudes and judgments.
- Support organizations that fight stigma.



What makes people change?

You would think . . .

- That having had a heart attack would be enough to persuade a person to quit smoking, change their diet, exercise more, and take their medication
- That hangovers, damaged relationships, an auto crash, and memory blackouts would be enough to convince a person to stop drinking

You would think . . .

- That the very real threats of blindness, amputations and other complications from diabetes would be enough to motivate weight loss and glycemic control
- That time spent in the dehumanizing privations of prison would dissuade people from re-offending

And yet so often, it is not
enough.

Saunders' Law of Behavior Change

People only change when the pain of change is less than the pain of staying the same.



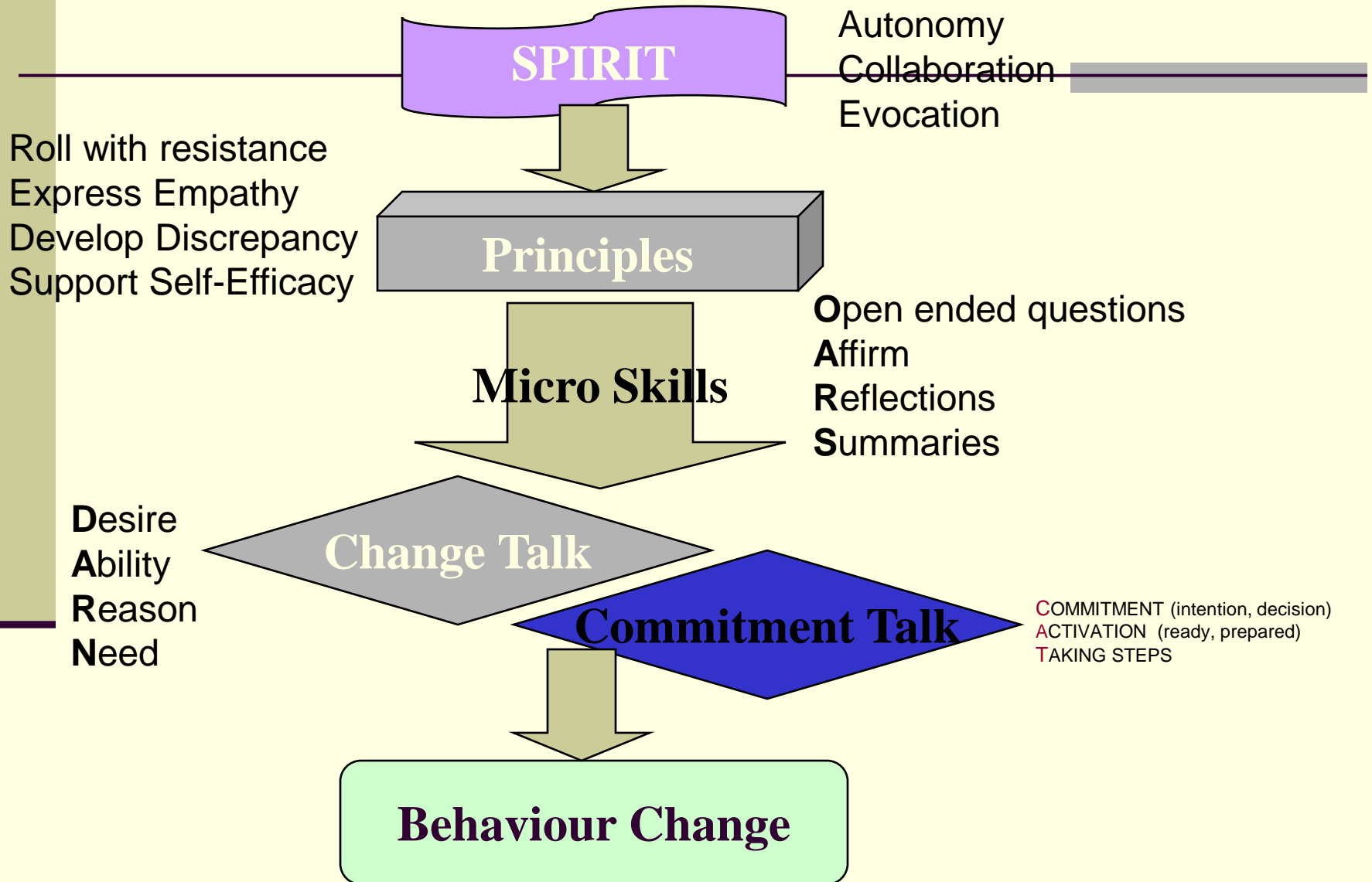
The natural response of anyone who is challenged about a behavior over which they are ambivalent, is to argue the counter position.

Motivational Interviewing

1. Assumes that people are ambivalent about change - and must work towards their own decision concerning the change
2. Aims to produce an internal drive to change, using non-confrontational techniques
3. Effects change by shifting the decisional balance (negative consequences of the behaviour are elicited from the client so that the client sees and accepts the advantages of change)



MI Overview



Motivational Interviewing ...cont'd

What are the causes of Resistance:

- shame/guilt
- fear of being judged
- fear of losing control
- fear of failure or rejection
- anger
- vulnerability
- hopelessness

Motivational Interviewing ...cont'd

Indicators of Resistance:

- Interrupting
- Ignoring
- Arguing
- Denying
- Talking about seemingly unimportant things
- Daydreaming
- Reminiscing

Role of Motivational Interviewing

What it helps client to achieve:

- Express a desire to receive help
- Show distress
- Voice a need for counseling
- Comply with the treatment program
- Voice a desire to change

Motivational Interviewing

Three Phases:

1. Eliciting problem recognition
building commitment to change
2. Dealing with resistance
3. Strengthening commitment to change
making and adhering to a plan

Goals of Motivational Interviewing

1. Style of therapist is aimed to decrease client's resistance
2. Self-confrontation is a goal
3. Arguing and resistance do not result in change
4. Ambivalence is normal – not "pathological" or client is in denial
5. Helping clients to resolve ambivalence is a key to change

How can we help in this process?

- More dancing, less wrestling
- Working collaboratively
- Acting like a guide rather than an interrogator.
- Listening accurately
- Responding with forethought not being coercive
- Exercising restraint, not being overtly persuasive

A word on good Listening

Good listening is more than being silent and paying attention.

So what do you say...what do you do?

Common Human Reactions to Being Listened to

- Understood
- Want to talk more
- Liking the counselor
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

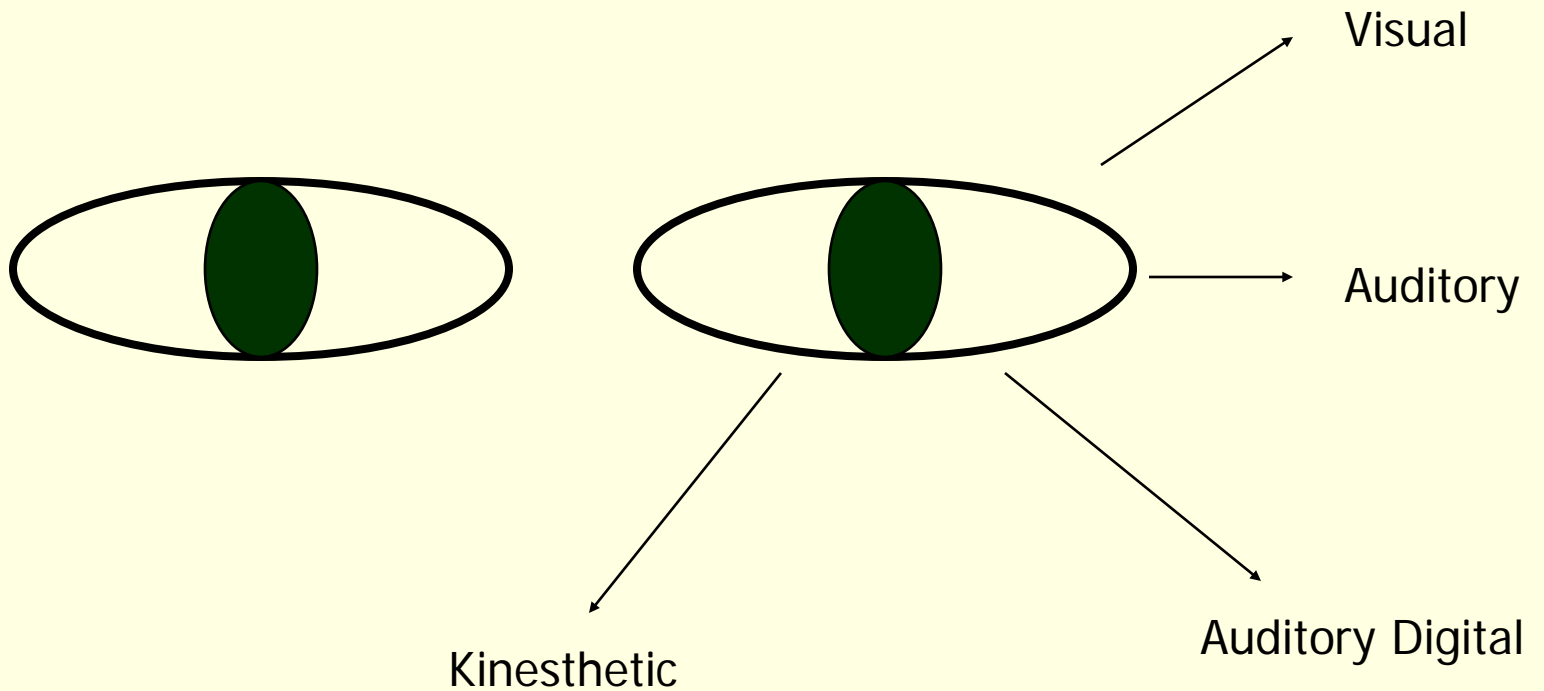
Exercise 1:

Listening skills

Keys to building rapport

- What is it? Why is it important
- 5 key elements to building rapport
 1. Match the modality
 2. Physical mirroring
 3. Match their voice
 4. Match their breathing
 5. Match the size of the pieces of information

Building Rapport - Modality



Building rapport – physical mirroring

- Actually mirror the individual's physiology
 - Copying their posture
 - Their facial expressions
 - Hand gestures
 - Movements
 - Even their blink rate
- This will cause their body to say unconsciously to their minds “hey, (s)he’s just like me!”

Building rapport – Match their voice

■ Match their:

- Tone
- Tempo
- Timbre (quality of the voice)
- Volume
- You can also match their key words. i.e. if they say “actually” often, you can use it in a sentence several times.

Building rapport – match their breathing

- Here you actually pace someone's breathing by breathing at the exact same time as they do (matching the in and out breath). By matching their breathing, by pacing their breathing, you can then begin to lead them out of the representational system they are in, into another one.

Building rapport – Matching size of info

- If someone usually deals with the big picture, they will probably be bored with details
- However, if someone is into detail, they will find that there's not enough info to deal with, if you only give them the big picture.



Early Motivational Strategies

OARS

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OARS

OPEN Questions

AFFIRM

REFLECT

SUMMARIZE

Open Questions:

- Open the door, encourage the client to talk
- Do not invite a short answer
- Leave broad latitude for how to respond

The Value of Good Open Ended Questions:

- * Encourages the person to tell their story in a more inclusive way
- * allows you the opportunity to guide the process of exploration with the person
- * allows you the time to listen and guide the flow of the collaboration and pick up cues as they emerge
- * sets a pattern of participation rather than the counsellor's domination of the consultation process

Closed Questions

- Have a short answer (like Yes/No)
 - Did you drink this week?
- Ask for specific information
 - What is your address?
- Might be multiple choice
 - What do you plan to do: Quit, cut down, or keep on smoking?
- They limit the client's answer options

Open or Closed Questions?

- What would you like from treatment?
- Was your family religious?
- Tell me about your drinking; what are the good things and the not-so-good things about it?
- If you were to quit, how would you do it?
- When is your court date?

Open or Closed Questions?

- Don't you think it's time for a change?
- What do you think would be better for you – A.A. or Women for Sobriety?
- What do you like about cocaine?
- What do you already know about buprenorphine?
- Is this an open question?

Some Guidelines with Questions

- Ask fewer questions!
- Don't ask three questions in a row
- Ask more open than closed questions
- Offer two reflections for each question asked

Types of Questions

Example to explore ambivalence with a client

- a. **Ask permission:** *“Would it be OK if we spent a few minutes talking about _____?”*

- b. **Ask “disarming” open-ended question:**
“What are some of the advantages for keeping things just the way they are?”

- c. **Ask “reverse” open-ended question:**
“On the other hand, what are some of the reasons for making a change?”

Types of Questions – con't

Example: Ask evocative Open-ended Questions

a. Ask permission: *“Would it be OK if we spent a few minutes talking about _____?”*

b. Ask open-ended questions:

- *Why would you want to make a change in this part of your life?*
- *What are the three best reasons to do it?*
- *How might you go about it, in order to succeed?*
- *What’s a stake if you don’t change?*

c. possible evoking questions to explore looking forward

- * **What are some of your hopes for the future?**
- * **What are you doing now to help you make these hopes come true?**
- * **What other things could you do (or do more of) to help increase your chances of success?**

d. possible evoking questions to explore previous success

- * **List some positive changes you have made in your life?**
- **Choosing one of these changes,**
 - 1) **What made you decide to make this change?**
 - 2) **How did you go about achieving the change?**
 - 3) **What challenges or setbacks did you face?**
 - 4) **What worked for you in the past?**

Scaling Questions

Example: to Assess Readiness with a client

a. Ask permission: “*Would it be OK if we spent a few minutes talking about _____?*”

b. Ask about readiness: “*On a scale of 0-10, how ready are you to consider _____?*”

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 ** Note: with 1 being not ready **

Assessing importance: *Where are you on a scale of 0 – 10 regarding how important it is to make some changes* Importance ruler

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Not at all important *extremely important*

Scaling Questions

Assessing desire to make changes:

“where are you on a scale of 0 – 10 regarding how much you want to make changes vs. How much you dread it?”

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

C. Backwards question: *“Why did you pick a 4 and not a 1?”*

d. Forwards question: *“What would need to be different for you to move from a 4 to an 8?”*

e. using extremes : *“what’s the worst thing that could happen if you continue as you are”*

f. exploring goals and values, *“what really matters to you” or “how does _____ fit with your plans?”*

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Affirmations

- Emphasize a strength
- Notice and appreciate a positive action
- Should be genuine
- Express positive regard and caring
- Strengthen therapeutic relationship

Affirmations Include:

- Commenting positively on an attribute
 - You're a strong person, a real survivor.
- A statement of appreciation
 - I appreciate your openness and honesty today.
- Catch the person doing something right
 - Thanks for coming in today!
- A compliment
 - I like the way you said that.
- An expression of hope, caring, or support
 - I hope this weekend goes well for you!

Some more examples:

Affirm = Allusions & Attributions

Reflective listening has an affirming quality of itself but affirming and reinforcing by alluding to what has been said/done is also supportive.

1. *Allusions*

That sound like a good idea . . .

I think that could work . . .

I think, you're right about that . . .

It's important to you to be a good parent . . .

I can see how that would concern you . . .

Thanks for coming in on time. It helps to keep things on track

Another powerful way of affirming is to make positive attributions about the client as a person . . .

2. Attributions = to make someone feel noticed and “seen” as a person ...or to call attention to something admirable or interesting about the person

- * You are a bit of a philosopher really. You are reflecting on some really deep issues here . . ** You are the kind of person who cares a lot for other people . . .
- * You care a lot about your kids and want to make sure they’re safe . . .*
- * You are a very creative person. It reflects a lot in your personality . . .*
- * You have what it takes to be a leader. Other people listen to you . . .*
- * Your willingness to respond to the hard questions shows that you’re really thinking about this*
- * You are the kind of person who does not like to talk behind the backs of other people.*
- * You have a lot of integrity . . .*
- * You’re the kind of person who speaks up when something bothers you and that’s real strength*

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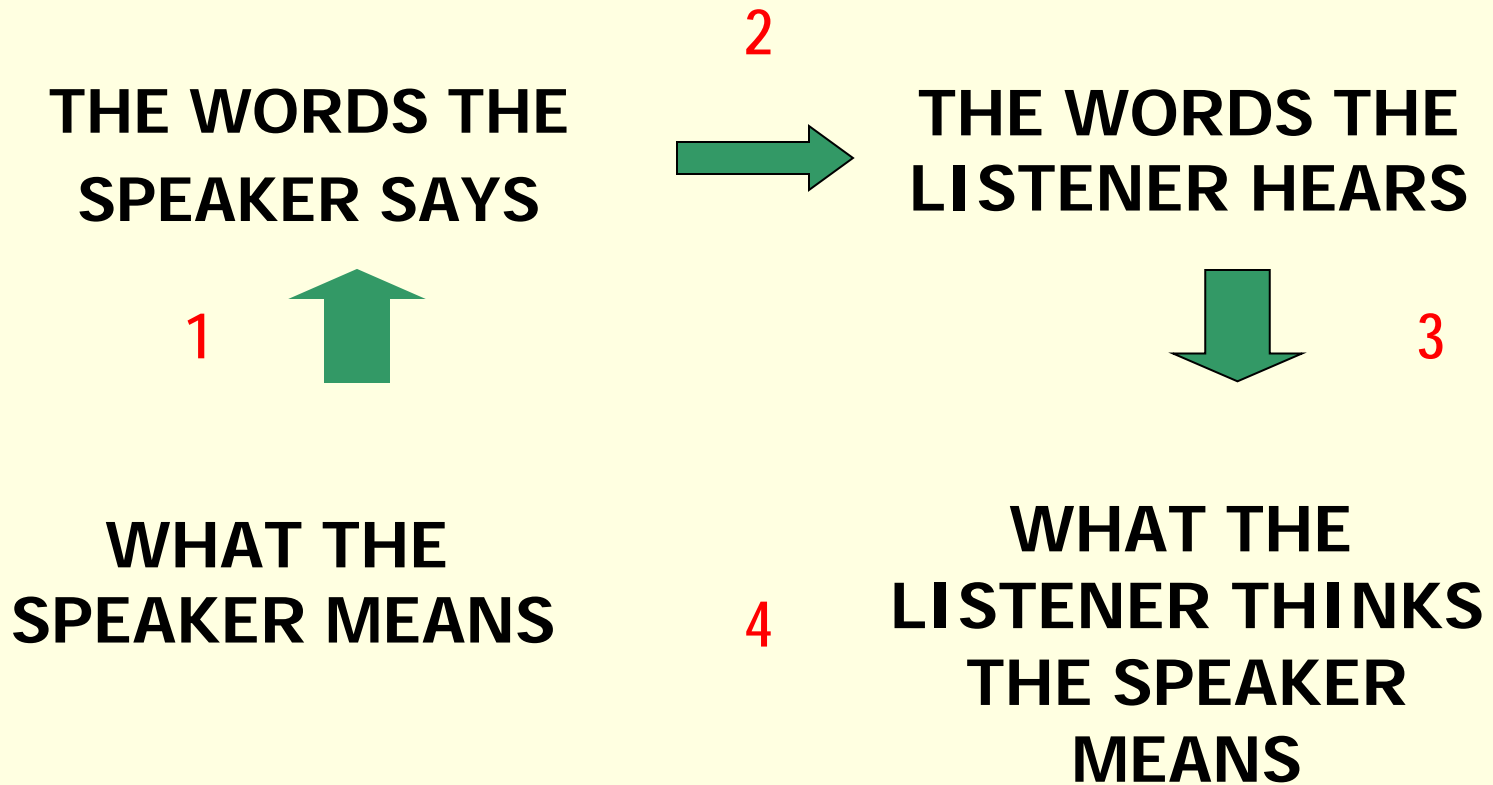
REFLECT

SUMMARIZE

Reflective Listening: What is it?

- A statement that shows you understand another's meaning
- You generate a hypotheses to another's meaning (your best guess) and see the result
- A process that checks the listener's perceived meaning against the speaker's own meaning
- Good opening phrases are:
 - "it sounds like you"
 - "so you"

Reflective Listening Model from Thomas Gordon



Reflective Listening Model from Thomas Gordon (2)

Communication can go wrong because:

1. The speaker does not say exactly what is meant
2. The listener does not hear the words correctly
3. The listener gives a different interpretation to what the words mean

* *The process of reflective listening is meant to connect the bottom two boxes (4), to check on whether "what the listener thinks the speaker means" is the same as "what the speaker means."*

Reflective Listening

Old theory

- *Information and fear* are the best ways to change people's behaviours

New theory

- “Mirroring” thoughts, feelings, experiences; will promote the quickest way and most positive change
- Or the deepest acceptance of unchangeable reality

Reflective Listening

What it does:

- Increases the possibility of being seen as empathetic
- Increases the chances of establishing a good relationship with a client
- Selects a part of a statement that can be more deeply explored

Principles of Reflective Listening:

Typical Lead-in for reflective statements

- * It sounds like you . . .
- * You mean that . . .
- * You're feeling . . .
- * So you feel...
- * You're wondering if...
- * It seems to you that...
- * You're feeling...
- * So you...

Types of Reflections:

A simple reflection:

This may mean:

- * repeating back some elements of the statement
- * rephrasing – finding another way to express the same words/statement

e.g. (a) simple reflection

client: I know that I should lose weight. I don't want to develop diabetes, like my sister. I have to be there for my kids.

Clinician reflecting meaning/values: "your children are very important to you and you want to stay healthy so you can be there for the kids."

E.g. (b) simple reflection

Client: "I don't have anything to say".

Clinician: "You're not feeling talkative today"

Types of Reflections: (con't)

Complex reflections may mean:

paraphrasing – infers a new meaning

reflection of feeling – emphasizing the emotional dimension – linking thoughts, feelings and events

reflect values- highlights importance

reflect ambivalence – states both sides

e.g.: client: *“I’ve tried every diet there is and I still cant’ loose weight.”*

Counsellor - reflecting of feeling: *“It’s frustrating that you’ve not been rewarded for your efforts.”*

Types of Reflections: (con't)

Amplified reflections may mean:

This statement reflects the client's statement in an exaggerated form, stated in an extreme way but without sarcasm and can move the client toward positive change rather than resistance

e.g.

Client: *"I don't know why my wife is worried about this. I don't drink any more than any of my friends."*

Counsellor: *"So your wife is worrying needlessly."*

Types of Reflections: (con't)

Double-sided reflections:

Acknowledges what clients have said but also states contrary things they have said in the past and requires the use of information that clients have offered previously, (maybe not in the same session).

Example

Client: *Maybe I should give up drinking completely, but I am not going to do that!*

Clinician: *“You can see that there are some real problems here, but quitting altogether is clearly not what you want to do.”*

Some cautions when using Reflective Listening

Reflective listening requires practice, a sense of perspective, and a real desire to understand the client. Some common mistakes in reflective listening are:

- under-reaching - Repeatedly missing the feelings that the other conveys or making responses that understate them.
- long-windedness - Giving very long or complex responses. Short, simple responses are more effective.
- inattention to nonverbal cues - Responding only the client's verbal message/statement
- There are benefits to over-stating or under-stating a reflection. An overstatement (i.e. an amplified reflection) may cause a person to back away from a position while an understatement may lead to the feeling intensity continuing and deepening.

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SUMMARIZE

Summaries

- Theses are complex reflections that link previous material to make themes or change direction

Summaries can:

- *Collect* material that has been offered
 - So far you've expressed concern about your children, getting a job, and finding a safer place to live.
- *Link* something just said with something discussed earlier
 - That sounds a bit like what you told me about that lonely feeling you get

Summaries can:

Cont'd

- Draw together what has happened and *transition* to a new task
 - Before I ask you the questions I mentioned earlier, let me summarize what you've told me so far, and see if I've missed anything important. You came in because you were feeling really sick, and it scared you
.

Exercise 2: Speaker's Topic

- Something about yourself that you
 - want to change
 - need to change
 - should change
 - have been thinking about changing

.... but you haven't changed yet

i.e. – something you're ambivalent about

Exercise 2: Counsellor

- Listen carefully with a goal of understanding the dilemma
- Give no advice
- Ask these four open questions:
 - Why would you want to make this change?
 - How might you go about it, in order to succeed?
 - What are the three best reasons to do it?
 - On a scale from 0 to 10, how important would you say it is for you to make this change?
- Follow-up: And why are you at ___ and not zero?

Go!

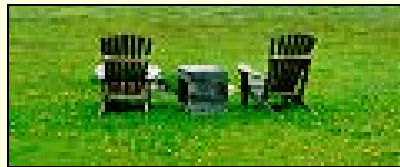
- Time: 5 minutes

How Did the Speaker Feel?

What Happened?

“I learn what I believe as I hear myself speak”

- Goal is to have the client hear him - or herself say, “Something has to change!”
- Counsellor’s job is to organize the interview so that the client confronts him - or herself
- The client should convince the counsellor that there are problems to be addressed



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